

Minnesota ASSOCIATION FOR RETARDED *CHILDREN*
M E M O R A N D U M

*To: Member of the Interim Commission on the Problems of Mentally Retarded
Handicapped and Exceptional Children*

*The attached report is the third and final one containing the recommendations
of the Advisory Committee on the Mentally Retarded. The Bill providing for a
subsidy to some day centers for the retarded referred to in 2C of the report is not
attached as the state revisor of statutes has not completed it.*

It was felt this report should not be delayed in getting to you, but a copy of the bill
will be sent early in the week of June 27th, so that you will have it before your
meeting July 1.

RECOMMENDATIONS TO THE COMMISSION
ON THE PROBLEMS OF MENTALLY RETARDED, HANDICAPPED
AND GIFTED CHILDREN FROM THE COMMITTEE
ON MENTAL RETARDATION

The Advisory Committee on Mental Retardation appointed by the Commission on the Problems of Mentally Retarded, Handicapped and Gifted Children, has held four meetings and heard presentations by the Department of Public Welfare and the Minnesota Association for Retarded Children. In addition it has reviewed all minutes of meetings of the Commission and fully discussed the various problems presented.

The recommendations now made are grouped under five headings showing the multiple bases of the program for the retarded. Three of these groups represent a specific program within a broad overall program while the fourth contains recommendations on more general topics. The fifth is a recommendation for the continuance of the committee. The five headings are:

- I. Institutions
- II. . Community Programs
- III. Education
- IV. General
- V. Continuation of Committee

It will be noted also that there are some recommendations that do not require legislative action--or at least there is no definite recommendation for this--and these are listed last under the appropriate heading.

I. INSTITUTIONS

The recommendations of this advisory committee are largely in accord with recommendations made by the task force appointed by the governor. There are three specific recommendations relating to the Faribault State School and Hospital in addition to one on staffing which applies to all institutions.

A. STAFFING

It is recommended that the Department of Public Welfare be requested to present to the Commission at the earliest possible date staffing patterns--

including professional staff, aides and other non-professional personnel—for all institutions for the mentally retarded and epileptic. It has seemed to the committee that the numbers of professional staff employed--doctors, nurses, psychologists, social workers, etc—is in such low ratio to the number of patients that adequate service to the patients and direction of programs is not possible. Also, an increase in the number of aides is definitely indicated as the patients now entering the institutions are to a large extent those unable to help in the upkeep of the institution and requiring a greater degree of care and direction than those they replace. Thus even if the ratio of aides to patients had been adequate in the past, it would not be now. The inadequacy of the number of aides is especially true at the Faribault State School and Hospital.

On page 7 of A Study of the Needs of the Faribault State School and Hospital completed by the Minnesota Association for Retarded Children in January of 1960, we find supporting information for the above statements. It is as follows:

"63 per cent of U. S. Institutions have a lighter patient load for the psychiatric aides, the employees who directly watch over the retarded patients, Faribault very keenly feels the need for more aides.

50.7 per cent of U.S. Institutions have a lighter patient load for their doctors.

25.7 per cent have a lighter patient load for their nurses.

53 per cent of U.S. Institutions have a lighter patient load for their social workers.

71 per cent have a lighter patient load for their psychologists."

Staffing patterns in all of the institutions should be based on a sufficiently increased number of personnel to provide the minimum number to do an adequate job. The Department of Public Welfare in preparing the suggested staffing patterns should present a justification for each additional job and the estimated additional cost. It is then suggested that the commission make a definite recommendation to the legislature concerning the improvement of institution staffing; it is further suggested that the appropriations to make this possible specifically provide for some flexibility in the use of salary funds so that if

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certain jobs cannot be filled a substitution may be made--thus allowing for the maximum use of the funds made available, but without violating legislative intent regarding authorized complement.

B. NECESSARY CHANGES AT THE FARIBAULT STATE SCHOOL AND HOSPITAL

Faribault State School and Hospital is the oldest institution for the retarded in the state and its plant has become obsolete in many respects. Much has been done to remedy this with legislative appropriations in the past several sessions. However, more improvements are needed to make its services comparable to these at the other institutions which have better facilities because of newer construction and planning.

1. Study of Food Service

In some respects this might be considered the most pressing of the three recommendations all of which are urgently needed. The effort to improve food service has continued at least since 1956. Present conditions make it next *to* impossible to serve hot palatable food even where the quality of the food before preparation was satisfactory. A 1960 study of the needs of the Faribault State School and Hospital made by the Minnesota Association for Retarded Children has a report on food service. Page 14 of that report is attached as Appendix I. About 195? Mr. A. C. Avery, a food service specialist had made a survey of the food service of the Faribault State School and Hospital and a copy of his report is attached as Appendix II.

The Committee is convinced that before necessary improvements can be made in the total procedures of handling food at the Faribault State School and Hospital--including the provision of adequate facilities for preparing and serving food--a survey by specialists in food handling is needed.

This committee expresses the hope that the Commission will make clear to the legislature the urgency of this need as it is of vital concern to the state since it may well affect the continued health of both the patients and the staff at the institution.

2. Survey of Total Plant

The antiquated or even dilapidated condition of some buildings and equipment at the Faribault State School and Hospital causes this Committee to feel that it is imperative if planning is to be done on a long range basis that a survey of the total plant be made by competent engineers. A determination of what is necessary in the way of replacement or renovation must be made in order that a priority schedule be established for work necessary to bring the Faribault State School and Hospital up to standards required for safety, health and adequate service.

This committee realizes that there is a commission on building needs, but believes the Commission on the Problems of Mentally Retarded, Handicapped and Gifted Children could properly recommend this survey. On pages 39-46 of a report made by the Minnesota Association for Retarded Children entitled "A Study of the Needs of the Faribault State School and Hospital," there is a copy of a report, made by Dr. E. J. Engberg, superintendent of Faribault State School and Hospital to the legislative building commission suggesting building and sanitary needs and a possible priority over a period of years. Each commission member has a copy of this study and these pages are not included as an appendix since in the report on page 44 we find the following paragraph;

"It is recommended that an appropriation be made for architectural and engineering service to set up a long-range plan for location of buildings and services as it becomes necessary to replace older, obsolete buildings at the institution. As it is necessary to maintain older buildings until they are replaced with new construction, it appears that a long-range plan of building location be considered. This study to include replacement of Ivy and Chippewa cottages and replacement of the Central Kitchen and improvement on food distribution."

There are also other places in the report where the need for study is indicated and on page 11 the Minnesota Association for Retarded Children gives its approval as follows:

"The Association and the Faribault administration emphasize that these recommendations hold today in the absence of any other plan. Our fond hope is that the "Buildings and Site Study" being requested will give the institution a long-term building and modernization plan which will be embraced by one and all."

It is the belief of this committee that the firm making the survey must consider not only the present buildings and composition of the population, but the trends toward a changing future population and the question of whether it is advisable to reduce the total number of patients cared for by the institution. This would mean determining how the reduction should be made if recommended. Such a study is necessary if recommendations for replacement or renovation of buildings are to be based not only on the present, but on future needs.

3. Two New Dormitories for Males

The survey recommended in the previous section as a basis for long range planning would not be presented to the legislature until 1963 and any buildings recommended would not then be ready for use before 1965 at the earliest—probably later. The need for replacement dormitories is so urgent that consideration and an appropriation should be made by the 1961 legislature even though the suggested survey is underway at the time these buildings are being constructed. The description of the old buildings to be replaced and justification for the construction of new ones is given on page 42 of the study of the needs of Faribault State School and Hospital and is attached as Appendix III to these recommendations.

II. COMMUNITY PROGRAMS

A. SUBSIDY FOR SOCIAL WORKERS FOR THE MENTALLY RETARDED

The Committee recognizes the increasing problems and responsibilities faced by county welfare agencies. It also recognizes the need for a more adequate

number of social workers to help the retarded adjust in the community. It is the belief of the committee that county welfare agencies also recognize this need. Therefore the committee recommends that the department of public welfare be asked to draw up a bill providing for subsidies to counties upon their request and representation that such a subsidy is needed in order to provide better case work services to the retarded.

It is an acknowledged fact that the satisfactory adjustment of the mentally retarded person--particularly the adolescent or adult who may be self-supporting or partially so--is largely dependent upon the adequacy of supervision. This is especially true of the individual who has received training in the institution and is sufficiently stable to return to the community. It is thus believed that this additional service given by county welfare agencies will aid not only in creating more stable family situations, but in helping more retarded persons to become self-supporting. It could also be expected to prevent delinquency on the part of some of the brighter retarded not now adequately supervised. Certainly better supervisory service together with other services, will to some degree lessen the need for institutional care. Your committee suggests that the commission recommend passage of this bill together with the necessary appropriation.

B. SUBSIDY FOR RESIDENTIAL CARE FOR THE MENTALLY RETARDED

The Committee hopes that with the development of resources for the retarded such as are recommended in this report and with the increased number of classes in the public schools a greater number of the retarded may remain in their homes indefinitely or for a much longer period of time than is now satisfactory. However, development of such resources will be slow and the state institutions will not in the foreseeable future be able to accept all of the children and adults who will need to have residential care out of their homes. The need for state subsidies to the counties for boarding dependent children has

been recognized, and it is therefore consistent that the need for subsidizing the counties for the retarded persons in private residential facilities be accepted in principal. It is recognized that the counties will determine to what extent a family must be helped in meeting this expense or whether there are other sources from which payment could be made. The state subsidy will only reimburse the county for a percentage of the money it expends for the purpose of paying for residential care for a retarded person.

On January 30, 1959 bills for this purpose were introduced into the legislature as Senate file No. 313 and House file No. 329. These bills were approved for passage by the Welfare committees of the senate and house respectively. It is recommended that the Department of Public Welfare consider the need for changes in the 1959 bill including the amount of appropriation needed and that the former bill or one embodying its purpose be recommended by the commission to the legislature for passage.

C. SUBSIDY FOR DAY CENTERS FOR THE MENTALLY RETARDED AND EPILEPTIC

The committee recommends that the attached bill it has drawn relating to the establishment of day centers for the retarded be introduced as a commission bill. It will be noted that the bill provides for these centers on a pilot project basis--the number no more than six--and includes an appropriation.

D. DIAGNOSTIC SERVICES FOR THE RETARDED (Legislative Action not required)

This committee has been made aware of the need for increased diagnostic and counselling services for the retarded and counselling for the parents. It therefore suggests that the Commissioner of Public Welfare be asked to consider how this service can be increased through the use of present and future state-subsidized mental health clinics by contracting for service from private clinics; or by using staff at the institutions for the retarded for diagnosis and counselling

of retarded persons including counselling of their parents or those responsible for their care. It is understood this latter service would be given whether or not the retarded person previously had been a patient of a state institution.

III. EDUCATION

A. REGIONAL COORDINATOR FOR SPECIAL SCHOOL SERVICES

The Committee recommends that the Commission request the Department of Education to draw up a bill providing for a demonstration research project in perhaps three areas of the state. This should provide for subsidizing on a regional basis a coordinator or supervisor of special services to the handicapped. When the bill is drawn in a manner satisfactory to the commission with the inclusion of the necessary appropriation, it is recommended that it be introduced into the 1961 legislature as a commission bill. Although this service for the handicapped will be general in nature, it is needed for the retarded and so seems of concern to this committee.

It is the belief of this committee that an expenditure of funds for this purpose will make it possible for handicapped children in rural communities to have opportunities more nearly comparable to those possible for children in urban communities, and that it will increase the number of handicapped children who later will become economically independent.

An additional asset from the financial as well as human aspect of providing this supervisory service is that the expansion and improvement of local services should be such that for some retarded children it will no longer be necessary to provide institutional placement for the purpose of training and education.

IV. GENERAL RECOMMENDATIONS

A. SALARIES FOR PROFESSIONAL PERSONNEL

The Committee brings to the attention of the Commission the fact that low salaries for professional staff in state departments and institutions interfere

with staff continuity and the employment of qualified new staff. It is recognized that this is of concern not only to those working with retarded and handicapped children, but also to those in other fields; and we therefore suggest that the commission draw this to the attention of other commissions and legislators in order to determine how funds can be provided to remedy this situation on a general basis—but particularly in the Departments of Education and Welfare.

B. CENSUS LAWS

Believing that laws which are unsatisfactory and are therefore not used should not remain on the statute book, your committee recommends that State Statute 144.33 "HEALERS TO REPORT DEFECTIVE CHILDREN" State Statute 252.11 "CONTINUAL CENSUS OF FEEBLEMINDED" (This includes 252.12, 252.13, 252.14) be repealed, but that the need for a census law of some type be further studied—this to be considered in relation to the use and adequacy of the present school census law State Statute 132.04 "SCHOOL CENSUS."

C. PAYMENT FOR INSTITUTIONAL CARE

It is recognized by the committee that the question of payment by responsible relatives for institutional care for the mentally retarded and epileptic must be related to other payments made for services and provided from tax funds. Therefore, your committee recommends to the commission that the whole area of relative responsibility affecting not only the retarded and epileptic, but the handicapped, mentally ill, welfare and aged be reexamined by the Department of Public Welfare and a report bringing them into conformity be made to the senate and house committees on public welfare at the beginning of the 1961 session. The committee believes that in this study there should be a uniform concept of ability to pay and that it should be basic to all proposed laws or policies.

In the field of mental retardation recognition should be given to the fact that in the long run research may lessen the need for expenditures for the retarded.

Also, better trained personnel in our institutions may contribute to this having by making it possible to prepare more patients for return to the community.

Therefore, the committee recommends that in this study any bill drawn providing for payment for institutional care for the retarded and epileptic should take cognizance of the value of such expenditure of funds by providing that a percentage of funds collected in accordance with the provisions of the bill, be set aside for use in training personnel or for research into the causes and prevention of mental retardation and improved methods of training or alleviating present conditions. It further recommends that there be a provision in the bill permitting the state to accept an amount in excess of the maximum payment legally required and providing that when such payments are made the/excess payment shall be set aside for training and research programs.

P. COMMUNITY AND INSTITUTIONAL PROGRAM FOR THE RETARDED (Legislative action not required)

This committee has had presented to it a suggestion for a division for the mentally retarded within the Department of Public Welfare. It has given consideration to this proposal and is of the opinion that this broad dual program—embodying both community and institution programs—needs strong leadership for full development. It would seem that this leadership should be given by a person with the highest professional training, administrative experience and some service within an institution for the retarded. The committee therefore suggests to the Commission that it recommend to the Commissioner of Public Welfare that he administratively place emphasis on the needs of the retarded and on organization of services for them. It is however probable that this broad question of a total program for the retarded should be a subject for further study by a legislative commission.

V. COMMISSION TO BE CONTINUED

The Committee is of the opinion that the problems of providing an overall satisfactory program for the mentally retarded are so great that there should be a continuing commission to study this phase of the program—if not all of the handicapped. It further feels that the needs of the adult retarded are so definitely a part of any program that this should be recognized in setting up the functions of the Commission, With this in mind, it is recommended that the commission ask its own continuance at least as related to the retarded, but with the addition of the epileptic. This request should include an appropriation sufficient to employ an executive whose education and experience are such that he will be capable of studying all phases of an overall program under the direction of the Commission. This should include, but not be limited to the following items:

1. needed research
2. a new census law
3. future services to be given by the institutions
4. continued expansion of community programs
5. education and training
6. meeting health needs
7. better coordination of all state services and facilities.

The committee hopes that these recommendations will be helpful to the commission and that they will be incorporated in the final report.

APPENDIX I FOR RECOMMENDATIONS TO THE COMMISSION

FOOD PREPARATION AND FOOD HANDLING

In 1956, the Faribault institution expressed its concern over the shortcomings of its kitchen and food distribution system.

In January, 1958, at the invitation of the state dietitian, the Faribault kitchen and food distribution system was inspected by a Mr. A. G. Avery, an expert on food preparation, employed by the U. S. Navy. Appendix E is a copy of his report.

The report points out many of the shortcomings of the Faribault food system without going into details of corrective measures. Avery's report recommends changes in facilities for the most part requiring appropriations of funds. The Faribault dietitian feels that the solutions to the Faribault problems, must be based on recommendations which would be forthcoming from a further expert study of the problem. A further study is needed in the areas of material flow in and out of the kitchen, the engineering design of the foods preparation processes, and the engineering considerations involved in food distribution.

One of the authors of this report, John Holahan, himself a food engineer, agrees with the dietitian.

Mr. Holahan has the following impressions of the Faribault kitchens:

1. A satisfactory job is being done with the equipment, space and help available.
2. No offensive odors were detected, and a superficial level of cleanliness and sanitation prevailed.
3. Because of innumerable cracks in floors, walls, and equipment, it would appear that adequate protection against insect, rodent, and bacterial contamination would be very difficult to maintain.
4. It is easy to visualize how the material flow in and out of the kitchen area constitutes a major problem. As the institution grew piecemeal, so did the kitchen. When one considers that 10,500 meals per day are prepared in the kitchen, the material handling problems are staggering.

In the author's opinion, a study of the kitchen problem:., by outside experts is clearly indicated. The study should be directed towards supplying the following information:

- A. A detailed plan and cost estimate for modernizing the existing facilities.
- B. A detailed plan and cost estimate for building new facilities.

The Association will attempt to estimate how much this study might cost. If it is a modest amount of money, say under \$10,000, steps should be taken to get the money immediately from the Legislative Advisory Committee.

If appreciable greater amounts are involved, then a special legislative appropriation will be required.

APPENDIX II FOR RECOMMENDATIONS TO THE COMMISSION

FARIBAULT STATE SCHOOL AND HOSPITAL SURVEY A. C. Avery

The school has a population of about 3,200 equally divided between girls and boys. In general the population consists of the fairly severely retarded children. Many have such physical defects as deafness, blindness, and severe mental disturbance,

Miss Boyes took us on a tour through the following food service facilities:

1. A food service setup for severely retarded small boys,
2. Two buildings where adults were fed.
3. Employees dining room, (temporary setup.)
4. One facility for girls of an adult age.
5. The food service central building.
6. The milking barn, the pasteurizing plant, and ice cream making facility.

The following comments, observations and recommendations are made:

1. As the Faribault plant grows the food Service Building appears to gravitate farther and farther from the center of population. This means that cooked food must travel farther and farther to be served with a resulting loss of food palatability and food value. This brings to light 3 possibilities: (a) the situation be allowed to continue with further decline of food quality, (b) the more remote food service kitchens be turned into food preparation facilities complete with cookers, grill, fryer ovens and cook. The preparation might be done at the central commissary to cut down on unskilled labor required at each facility.
(c) the recommended alternative is that the Central Commissary Facility be reestablished in the center of population and that it be a one story building sunk in the ground to be on the same level as the tunnel system without the use of elevators.
2. The mono-rail underground system is grossly outmoded, unsanitary and unsatisfactory in maintaining prepared food in good condition during transport. The food is transported in uninsulated, unheated and uncovered battered receptacles. The grease and dirt from the mono-rail truck can drop down into the food. This is the worst food transport ever observed by the writer.

Recommendation: The mono-rail trucks be equipped with insulated, wheeled carts, together with a heat bank system that will keep food hot from preparation to service without further reheating. I think someone like Crescent Metals or Blickmans could build a cart that can be loaded in the kitchen, rolled onto the mono-rail truck and then rolled to the dining area where the food could be served directly from the cart.

3. Most meats are kettle-cooked, I recommend that more oven cookery be accomplished. Also it would decrease labor and give more uniform slicing and portion control if the meat was sliced on mechanical meat slicers.

4. Steam kettle cookery is time consuming, extremely laborious and causes food deterioration. I recommend the following changes as pertain to steam - jacketed kettles.
 - A. Each batter of kettles be equipped with a mechanical automatic water-meter which will allow for accurate recipe production, less labor spent in measuring and allowing the cook to spend his time in tasks requiring skill. (Neptune Meter Co., Long Island City, N.Y.)
 - B. At least one kettle be equipped with a cooling system in addition to the steam heating system so that products that require both cooking and cooling can be prepared without laborious handling and rehandling. It can be cooled by either water or mechanical refrigeration. New York State uses this system quite well.
 - C. Kettles be equipped with automatic temperature regulator based on a milk-pasteurizer type thermometer connected into a steam regulator.
 - D. At least one or two kettles be equipped with scraper mixer to make preparation of cereals, puddings and mashed potatoes easier, (possible manufacturer - Groen)
 - E. Kettles be equipped with one piece counter-balanced covers (no vents in covers) and a basket or chain hoist so that entire contents can be lifted out at one time.
5. Wooden paddles be replaced with aluminum paddles that have cast aluminum blade with beaded edge, wooden plug handle the length of the anodized aluminum handle and down into the blade.
6. Mechanical (electric) doughnut cutter be provided with double-hinged bracket so that doughnuts can be dropped all over deep fat fryer surface. Single hinge presently used is not flexible enough. Similar bracket can be placed over griddle so that doughnut cutter can be used to drop griddle cakes, (Hole in Doughnut Corp.)
7. Deep fat fryers and griddles be equipped with inexpensive dial type thermometers. (Autolite Corp.)
8. Deck type steamers should be purchased with automatic timers.
9. Bread proofing room should be insulated and equipped with proper temperature and humidity controls. Present room is almost completely useless.
10. Mixing equipment in bakery be decreased to one bread horizontal mixer and one large vertical mixer. Bread making equipment should be placed close together to form a continuous assembly line.
11. Bake and sheet pans be made of heavy gauge aluminum without the present rolled closed seams.
12. Bakery and ingredient assembly be accomplished with fan type and dial scales without laborious weight handling.

13. Do away with galvanized metal in sinks, steam table and other locations where it must be washed.
14. Double the shelving in the reel type rotary ovens.
15. Set up regional distribution points to speed distribution of food materials.
16. Use central ingredient assembly area for recipe formulation.
17. Replace present potato peeler with one that does more efficient peeling job. Peeling losses are at least double what they should be.
18. Set up potato or vegetable trimming table at close to proper work height and arrange so that peeler will open out onto table and table will lead into tub.
19. All racks in refrigerators should be on wheels and removable.
20. Bins are too large, too low, and lack mobility.
21. Kitchen work should be arranged to provide straightline food production and reduce cross-traffic. Provide special line for making up serving carts.
22. Wherever trays are used, there should be provided a rack on wheels so that each tray may be separated from its brother after it comes from the washer. Then at serving time it may be wheeled to the serving line where each person can help himself.

APPENDIX III FOR RECOMMENDATIONS TO THE COMMISSION

18. TWO REPLACEMENT DORMITORIES

\$2,000,000.00

For male patients, each dormitory to accommodate 125 patients, with central dining room accommodating both dormitories. These units to replace Grandview, Glen, Lind, and Huron (Lilacs) cottages.

Grandview is located five miles from the campus in a rural area and because of its location, it presents not only a serious fire hazard but is also an inefficient unit to operate because of its distance from the main campus. It has its independent cooking and dining room arrangement; it has a bed capacity of 70. It was constructed in 1914, the construction is frame with stucco exterior and slate roof; the main portion of the cottage is two-story.

Lind Cottage was erected in 1900 with frame interior and brick exterior. It accommodates 59 patients, but it does not have adequate space for this number either in dormitory or the day room. The plumbing is obsolete and the building needs to be rewired with new fixtures.

Glen Cottage was erected in 1902 of the same construction as Lind Cottage. This cottage also accommodates 59 patients with inadequate dormitory and day room space.

Huron Cottage, formerly known as Lilacs Cottage, was erected in 1898. This building has stone exterior with a frame construction inside with plaster over wood lathe. It presently accommodates 47 male patients, having been converted from a girls' dormitory to a men's dormitory. This cottage needs to have all of the plumbing renewed; likewise, re-wiring and replacement of old fixtures. It has inadequate day room space for the number of patients that it accommodates. The unit is broken up into several smaller rooms which do not lend for efficiency in operation.